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PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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**REVOCATION AND POWER  
OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	See Attached List
Filing Date	See Attached List
First Named Inventor	See Attached List
Group Art Unit	
Examiner Name	
Attorney Docket Number	See Attached List

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application and hereby appoint the practitioners at Customer Number 21890 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Mark A. Catan, Esq.				
Address	PROSKAUER ROSE, LLP				
Address	1585 BROADWAY				
City	NEW YORK				
Country	USA	State	NY	ZIP	10036-8299
Telephone	(212) 969-3000	Fax	(212) 969-2900		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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TECHNOLOGY CENTER 13700

**SIGNATURE of Applicant or Assignee of Record**

Name	Winifred Swan - NxStage Medical, Inc.
Signature	<i>Winifred Swan, VP and General Counsel</i>
Date	9/16/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/96 (08-00)

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### STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: NxStage Medical, Inc.

Application No./Patent No.: See attached list Filed/Issue Date: See attached list

NXSTAGE MEDICAL, INC., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or
2.  an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel See attached list, Frame See attached list, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

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Additional documents in the chain of title are listed on a supplemental sheet.

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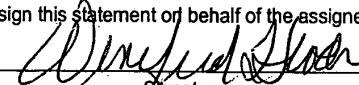
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Copies of assignments or other documents in the chain of title are attached.

**[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]**

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

9/16/02  
Date

  
Signature

Winifred Swan

Typed or printed name

VP and General Counsel

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



NXSTAGE LIST OF PATENTS

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